

State of California  
Department of Industrial Relations  
**Self Insurance Plans**  
2265 Watt Avenue, Suite 1  
Sacramento, CA 95825  
Phone: (916) 483-3392 - Fax: (916) 483-1535  
Web site - <http://sip.dir.ca.gov>  
E-mail: [sip@dir.ca.gov](mailto:sip@dir.ca.gov)

---

**INSTRUCTIONS:**  
**PUBLIC SELF INSURER'S ANNUAL REPORT**  
**FOR NON-JPA MEMBER**  
**Fiscal Year Ending June 30, 2002**

---

**General Information**

The annual report form, Form A4-40b, is for the non-Joint Powers Authority self insured public entity. This report must be completed and returned to Self Insurance Plans by October 1, 2002.

Page 1 has been partially preprinted. This preprinted information should be verified for accuracy, and any errors in the preprinted material should be marked in ink on the report.

Page 2, Consolidated Liabilities, and page 3, Liabilities by Reporting Location, should be completed by your third party administrator, except item B on page 2, total employment and wages paid, which should be completed by the self insurer. All third party administrators have also been sent blank pages 2 and 3.

Please submit the original and one copy of the annual report, and two copies of the List of Open Indemnity Cases. The original annual report must be on **white** legal size paper with the appropriate original signatures.

The reports are due **October 1, 2002**. Any report not postmarked by October 1, 2002 will be considered late.

Incomplete reports will be returned to the self insurer. Civil penalties will be assessed for late and/or incomplete annual reports.

**Instructions: Page 1-preprinted/to be completed by self insurer**

1. Verify the certificate number.

Indicate if the self insurance program is active or revoked.

2. Period of report. Indicate full year, unless this is an interim/amended report.
  3. Name of master certificate holder. Enter the name and address of the public entity that is self insured.
- Federal tax identification number. Enter the federal tax ID # of the self insured public entity.
4. Type of public agency. Indicate by an "x" the type of public agency.
  5. Indicate any changes made to the self insured public entity in the period July 1, 2001 through June 30, 2002. These include mergers, unification and name changes.
  6. Indicate if there are employees of the self insured public entity who are not covered by this self insurance. For any employees not covered by this self insurance program, indicate how they are covered for workers' compensation.
  7. Verify the name and address of the person receiving all correspondence. This person can be different from the master certificate holder. However, this person will receive all correspondence, invoices for fees and penalties, annual reports and notices of changes in regulations.
  8. Certification. Requires an original signature of the person authorized to sign on behalf of the self insured public entity. Reports without an original signature will be returned.

## **Instructions: Page 2**

### **II. Consolidated Liabilities**

If there is only one reporting location being submitted with this annual report, use page 2, Consolidated Liabilities, and discard page 3, Liabilities by Reporting Location.

If there is more than one reporting location, a page 3 is used for each separate reporting location. Page 2, Consolidated Liabilities, should be used to summarize the information reported on the page 3s.

Page 2, Consolidated Liabilities, must be completed by the third party administrator, or your claims administrator if self administered.

Verify or enter the DWC 10 digit certificate number: the first number is either 4 for TPA or 6 for self administered-the next four are the self insurer certificate number-the next two are the adjusting location number-the last three are the TPA certificate number, or 099 for self administered.

Note: If you are using page 2 as the consolidated report (when there are two or more page 3 reporting location reports attached), enter "00" in the location boxes.

Verify or enter the name of the self insured public entity.

Type of report. This should be an original report, unless used for an interim report or sent subsequently to the original report to correct an error.

A. Cases and benefits.

1. Report the cases open as of 6/30/2002 that were reported prior to fiscal year 1997-98 for the self insured public entity.

2. Report the cases open and closed by fiscal year. Please note that this annual report requires five years of open cases to be separated out from the total reported each year for fiscal years 1997-98, 1998-99, 1999-2000, 2000-2001 and 2001-2002.

Add the future liability \$ indemnity column for all years to obtain the subtotal of \$ indemnity.

Add the future liability \$ medical column for all years to obtain the subtotal of \$ medical liability.

3. Enter estimated future liability = subtotal of \$ indemnity + subtotal of \$ medical liability.

4. Enter total benefits paid in \$ indemnity and \$ medical from July 1, 2001 through June 30, 2002. Note: this number cannot be lower than the numbers reported in item 2e, paid to date.

5. Enter the number of medical-only cases reported from July 1, 2001 through June 30, 2002.

6. Enter the number of indemnity-only cases reported from July 1, 2001 through June 30, 2002.

7. Enter the total number of cases open from July 1, 2001 through June 30, 2002. This number should be the total of items 5 and 6 above, and should equal the number entered for item 2e above.

8. Enter the total number of indemnity cases remaining open for all five years.

9. Enter the total number of fatality cases reported from July 1, 2001 through June 30, 2002.

10. (a) Enter the total number of fiscal year 2001-2002 claims for which the claims administrator was notified of representation by an attorney or legal representative.

(b) Enter the total number of new applications for adjudication received for any claim year during July 1, 2001 through June 30, 2002.

B. This section should be completed by the self insured public entity.

Number of employees. This form indicates that the total number of individual employees can be attained from Employment Development Department Form DE-6. However, because the DE-6 form is filed quarterly, not yearly, the employer needs to count the total number of separate social security numbers of every employee who worked for them in the fiscal year, no matter how short a period of time worked.

Total wages and salaries paid. Report total wages paid from July 1, 2001 through June 30, 2002. This number can be compiled by adding Line M from the four quarterly Employment Development Department DE-6 forms submitted for the year.

## **IIA. Administrator**

This section must also be completed by the third party administrator, or your in-house claims administrator if self administered.

A. List the name of the current administrator or TPA at the time the report is being completed.

Note: This may not be the same as the claims administrator actually responsible for completing the report. If there is a change of administrator on or after July 1, 2001, the new administrator's name should be entered in item A, and the name of the prior administrator completing the annual report should be entered in item C.

List the name of the person responsible for the claims, the administrative agency name and address, and the complete TPA certificate number that was issued by SIP.

The person named in item A or C must have passed the Administrator's Exam.

B. Please indicate if there has been any change in claims administration from July 1, 2001.

C. List the name of the prior administrator or administrative agency. Complete this section if the claims administration changed during the period of the report or since July 1, 2002 as indicated in item A above.

The certification must have an original signature and be completed with the administrator's name, title, company and address. Reports without original wet signatures will be returned.

The certification must be signed by a person who has passed the Administrator's Exam and whose name is on file at SIP. Any name changes need to be reported prior to submitting the annual reports. A request for a name change must be accompanied by documents such as a marriage license, divorce decree or petition for name change. Reports with unqualified persons signing the liabilities section will be returned to the self insurer.

Note: All consolidated reports must be signed. If two different TPAs are administering the claims of a self insurer, one of the TPAs is required to combine the report on page 2, Consolidated Liabilities,

and must sign that page.

## **Instructions: Page 3**

### **III. Liabilities by Reporting Location**

This page is used if claims are administered out of more than one office of a TPA, if more than one TPA is administering the claims of your agency, or there is a run-off of a prior public agency's claims in this file.

Reporting location number. Enter the number that corresponds to the TPA and the location of the administrator preparing this page. Enter the DWC 10 digit certificate number: the first number is either 4 for TPA or 6 for self administered-the next four are the self insurer certificate number-the next two are the adjusting location number-the last three are the TPA certificate number, or 099 for self administered.

If applicable, indicate the location by name or the name of an affiliate certificate holder.

A. Cases and benefits. See instructions for page 2, A. Cases and benefits.

**IIIA. Administrator**-see instructions for page 2

## **Instructions: Page 4**

### **IV. Records Storage**

Indicate whether the claims records are kept at any location other than with the present administrator. If so, give the name and address of the other locations.

### **V. Insurance Coverage**

This section should be completed by the self insured public entity. If any of the questions are not answered, the annual report will be returned.

1. Indicate if any of the workers' compensation liabilities are covered by a standard workers' compensation policy. List the insurance company name, policy number and issue date.
2. Indicate if any of the workers' compensation liabilities are covered by a specific excess workers' compensation insurance policy. List the insurance company name, policy number and issue date.
3. Indicate if any of the workers' compensation liabilities are covered by an aggregate workers' compensation insurance policy. List the insurance company name, policy number and issue date.

### **VI. Open Indemnity Claims**

Attach a list of all open indemnity claims. This list may be on the page 6 form, or a computer run

organized in the same format. Indicate any claims that are being paid pursuant to Labor Code Section 4850. This amount must also be included in Consolidated Liabilities, page 2.

### **Instructions: Page 5**

#### **VII. Funding of Liabilities**

This section is a questionnaire for the self insurer to complete regarding its methods for funding workers' compensation liabilities.

**We remind you that Labor Code Section 3702.6(b) requires each public self insurer to advise its governing board within 90 days after submission of the Self Insurers Annual Report of the total liabilities reported and whether current funding of those liabilities is in compliance with the requirements of Government Accounting Standards Board Publication 10.**